

APPLICATION FOR COPY OF DIVORCE, LEGAL SEPARATION OR ANNULMENT

DIVORCE

New Hampshire Department of State
Division of Vital Records Administration
71 South Fruit Street
Concord, NH 03301-2410

OFFICIAL USE ONLY:

NUMBER

REQUESTED

ISSUED

PLEASE NOTE: A VALID PICTURE ID IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST. A LEGIBLE PHOTO-COPY OF THE APPLICANT'S DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID NEEDS TO BE INCLUDED WITH THIS REQUEST. IF THE APPLICANT DOES NOT POSSESS A PHOTO ID, THEY SHOULD [CLICK HERE](#).

PLEASE PRINT VERY CAREFULLY

Husband's

Name: _____

(FIRST)

(MIDDLE)

(LAST)

Wife's

Name: _____

(FIRST)

(MIDDLE)

(LAST)

Date

Of Decree: _____

(MM/DD/YYYY)

County

of Decree: _____

(CITY/TOWN)

Purpose For Which

Certificate Is Requested: _____

NEW HAMPSHIRE LAW REQUIRES THAT A NONREFUNDABLE SEARCH FEE OF \$12.00 BE COLLECTED FOR EACH RECORD REQUESTED. IF THE RECORD IS LOCATED AND YOU MEET ELIGIBILITY REQUIREMENTS, YOU WILL BE ISSUED THE REQUESTED NUMBER OF CERTIFIED COPIES OF THAT RECORD.

Number of certified copies requested:

Long Form: _____ (First copy issued at \$12; each additional copy \$8)

PLEASE MAKE CHECKS PAYABLE TO: Treasurer-State of New Hampshire**Certificate(s) will be mailed to the following address:***PLEASE PRINT*

Applicant's

Name: _____

(FIRST)

(MIDDLE)

(LAST)

Applicant's

Address: _____

(STREET)

(CITY/TOWN)

(STATE)

(ZIP CODE)

Applicant's

Phone No.: _____

(AREA CODE & NUMBER)

Email: _____

Applicant's

Signature: _____

(Signature is required.)

Relationship

To Registrant: _____

NOTICE: Any person shall be guilty of a CLASS B Felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record. (RSA 5-C:9)